

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551967

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	2		1			
16	2		1			
17	2		1			
18	2		1			
19	1		1			
20	0		1			
21	1		1			
22	1		1			
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	26	↔	18	↔		↔
TOTAL CLAIMS	30		22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						